

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Duffy for Congress

ADDRESS (number and street)

PO Box 538

Check if different  
than previously  
reported. (ACC)

Wausau

WI

54402-0538

2. FEC IDENTIFICATION NUMBER ▼

C

C00464339

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

WI

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

11 / 04 / 2014

in the  
State of

WI

5. Covering Period

M M / D D / Y Y Y Y

10 / 16 / 2014

through

M M / D D / Y Y Y Y

11 / 24 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Michael Masterson

Signature of Treasurer

Michael Masterson

[Electronically Filed]

Date

M M / D D / Y Y Y Y

05 / 01 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 93

Write or Type Committee Name

Duffy for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	103991.11	19245.14
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	103991.11	19245.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	467233.45	35799.42
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	467233.45	35799.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	713369.76	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

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- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

Duffy for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

**I. RECEIPTS**
**COLUMN A**  
Total this Period

**COLUMN B**  
Election Cycle Total as of

**COLUMN C**  
Total for

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	1	4

  
(date of general election)

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	1	4

  
(date after general election)

through

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

  
(last day of reporting period)
**11. CONTRIBUTIONS**

(other than loans) FROM:

- (a) Individuals/Persons Other than Political Committees
- (i) Itemized (use Schedule A)

3	9	8	3	3	0	0
---	---	---	---	---	---	---

1	2	4	0	0
---	---	---	---	---

1	2	4	0	0
---	---	---	---	---

(ii) Unitemized

1	8	3	5	8	1	1
---	---	---	---	---	---	---

6	8	4	5	1	4
---	---	---	---	---	---

6	8	4	5	1	4
---	---	---	---	---	---

(iii) Total of contributions from individuals

5	8	1	9	1	1	1
---	---	---	---	---	---	---

1	9	2	4	5	1	4
---	---	---	---	---	---	---

1	9	2	4	5	1	4
---	---	---	---	---	---	---

(b) Political Party Committees

1	0	0
---	---	---

0	0	0
---	---	---

--	--	--

(c) Other Political Committees

4	5	7	0	0	0	0
---	---	---	---	---	---	---

0	0	0
---	---	---

--	--	--

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
103991.11	19245.14	19245.14
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
17224.07	17224.07	17224.07
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	
(b) All Other Loans		
0.00	0.00	
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	0.00	
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
186.77	0.00	
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
121401.95	36469.21	36469.21

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

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Write or Type Committee Name

Duffy for Congress

Report Covering the Period:

From:

M M /

D D /

Y Y Y Y Y

10 16 2014

To:

M M /

D D /

Y Y Y Y Y

11 24 2014

**II. DISBURSEMENTS****COLUMN A**  
Total this Period**COLUMN B**  
Election Cycle Total as of \*  
(date of general election)  
(\* See page 5 for date)**COLUMN C**  
Total for \* (date after general election)  
through \* (last day of reporting period)  
(\* See page 5 for dates)

## 17. OPERATING EXPENDITURES

467233.45

35799.42

35799.42

## 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES

0.00

0.00

## 19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed by the Candidate

0.00

0.00

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))

0.00

0.00

0.00

## 20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other Than Political Committees

0.00

0.00

(b) Political Party Committees

0.00

0.00

**POST-ELECTION DETAILED SUMMARY PAGE**

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

PAGE 6 / 93

<b>COLUMN A</b> <b>Total this Period</b>	<b>COLUMN B</b> <b>Election Cycle Total as of *</b> (date of general election) (* See page 5 for date)	<b>COLUMN C</b> <b>Total for *</b> (date after general election) <b>through *</b> (last day of reporting period) (* See page 5 for dates)
---	---	--

(c) Other Political Committees (such as PACs)

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b) and (c))

0.00

0.00

0.00

**21. OTHER DISBURSEMENTS**

0.00

0.00

**22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d) and 21)**

467233.45

35799.42

35799.42

**III. NET CONTRIBUTIONS (OTHER THAN LOANS)**

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

103991.11

19245.14

19245.14

**IV. NET OPERATING EXPENDITURES**

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

467233.45

35799.42

**V. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

1059201.26

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

121401.95

25. SUBTOTAL (add Line 23 and Line 24).....

1180603.21

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

467233.45

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)

713369.76

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**JOHN AHL**

Mailing Address 532 N ROOSEVELT RD

City

BLACK RIVER FALLS

State

WI

Zip Code

54615-1457

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

SELF-EMPLOYED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SA11.20333

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**KATHLEEN AHLGREN**

Mailing Address 11130 N RISBERG RD

City

HAYWARD

State

WI

Zip Code

54843-6374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20529

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN ARNOLD**

Mailing Address 36 PAGET ROAD

City

MADISON

State

WI

Zip Code

53704-5929

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MSI

Occupation

ENGINEER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20479

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

NICK ARNOLDY

A.

Mailing Address 10585 WILL RUN

City

MARSHFIELD

State

WI

Zip Code

54449-8744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MARSHFIELD INSURANCE

Occupation

INSURANCE AGENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20368

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KARLA ASHENHURST

B.

Mailing Address 4000 S AVON DRIVE

City

NEW BERLIN

State

WI

Zip Code

53151-6213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MINISTRY HEALTH CARE

Occupation

DIRECTOR GOV'T AFFAIRS

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SA11.20204

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

KARLA ASHENHURST

C.

Mailing Address 4000 S AVON DRIVE

City

NEW BERLIN

State

WI

Zip Code

53151-6213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MINISTRY HEALTH CARE

Occupation

DIRECTOR GOV'T AFFAIRS

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20341

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

750.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

JESSICA BERCHILD

A.

Mailing Address 6421 ROJINA LANE

City

CHANHASSEN

State

MN

Zip Code

55317-9132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SA11.20088

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JASON BLENKER

B.

Mailing Address 4191 COUNTY ROAD T

City

AMHERST

State

WI

Zip Code

54406-9312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BLENKER COMPANIES INC.

Occupation

MANUFACTURING

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SA11.20250

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHN BLENKE JR

C.

Mailing Address 45 LAGOON DRIVE

City

HAWTHORN WOODS

State

IL

Zip Code

60047-9112

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRANSUNION FINANCING CORPORATION

Occupation

EVP

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20485

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**RICHARD BLOMQUIST**

Mailing Address 2903 W. HIDDEN LAKE ROAD

City

MEQUON

State

WI

Zip Code

53092-5300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SA11.20415

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**WALTER CLAIBORNE III**

Mailing Address 14217 CLAIBORNE RD

City

BATCHELOR

State

LA

Zip Code

70715-3514

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

REAL ESTATE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

710.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11.20335

Amount of Each Receipt this Period

150.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RICHARD M. CONNOR, JR JR**

Mailing Address P.O. BOX 95

City

LAONA

State

WI

Zip Code

54541-0095

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PINE RIVER COMPANY

Occupation

PRESIDENT

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Transaction ID : SA11.20170

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

900.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

DAVID DAHLIN

A.

Mailing Address 707 WESTWARD DRIVE

City

VERONA

State

WI

Zip Code

53593-8317

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCFARLAND STATE BANK

Occupation

FIRST VP

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20353

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LINDA DAVIS

B.

Mailing Address P.O. BOX 647

City

SISTER BAY

State

WI

Zip Code

54234-0647

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SA11.20257

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JAMES B. DOWNEY

C.

Mailing Address 26000 NEW BRIDGE DRIVE

City

LOS ALTOS HILLS

State

CA

Zip Code

94022-2631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALTOS SONOMA CORP

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20370

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

CHESLEY ERWIN

A.

Mailing Address 712 WOODRIDGE DRIVE

City

MANITOWOC

State

WI

Zip Code

54220-8982

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REALTOR/ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SA11.20321

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHESLEY ERWIN

B.

Mailing Address 712 WOODRIDGE DRIVE

City

MANITOWOC

State

WI

Zip Code

54220-8982

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

REALTOR/ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : SA11.20466

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

PATRICK FEE

C.

Mailing Address 2045 CHURCH STREET

City

MILWAUKEE

State

WI

Zip Code

53213-1736

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CLARENDON INSURANCE GROUP

Occupation

INSURANCE EXECUTIVE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20471

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

550.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**BUTCH FLOR****A.**

Mailing Address P.O. BOX 163

City

CHETEK

State

WI

Zip Code

54728-0163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIX LAKES REALTYOccupation  
REALTOR

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

**Transaction ID : SA11.20531**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN A. GAFFNEY****B.**

Mailing Address P.O. BOX 2071

City

EAGLE RIVER

State

WI

Zip Code

54521-2071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

**Transaction ID : SA11.20283**

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN A. GAFFNEY****C.**

Mailing Address P.O. BOX 2071

City

EAGLE RIVER

State

WI

Zip Code

54521-2071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

530.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

**Transaction ID : SA11.20299**

Amount of Each Receipt this Period

50.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)  
**JOHN A. GAFFNEY**

Mailing Address **P.O. BOX 2071**

City State Zip Code  
**EAGLE RIVER WI 54521-2071**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**RETIRED**

Occupation  
**RETIRED**

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**530.00**

Date of Receipt

**10 / 27 / 2014**

Transaction ID : SA11.20389

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**ROBERT A. GREENHECK**

Mailing Address **3810 STERNBERG AVENUE**

City State Zip Code  
**WESTON WI 54476-2658**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**GREENHECK FAN CORP**

Occupation  
**VICE-PRESIDENT**

Receipt For: 2016  
☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date  
**5200.00**

Date of Receipt

**11 / 24 / 2014**

Transaction ID : SA11.20064

Amount of Each Receipt this Period

**5200.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**ED A. GRYGLESKI**

Mailing Address **7857 STATE HIGHWAY 173**

City State Zip Code  
**TOMAH WI 54660-8562**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**SELF**

Occupation  
**FARMER**

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
**1050.00**

Date of Receipt

**10 / 17 / 2014**

Transaction ID : SA11.20442

Amount of Each Receipt this Period

**50.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

**5300.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**CHRISTINE HABELMAN**

Mailing Address P.O. BOX 150

City

TOMAH

State

WI

Zip Code

54660-0150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HABELMAN BROTHERS COMPANY

Occupation

CRANBERRY FARMING

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SA11.20217

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ALICE A. HANSON**

Mailing Address 948 HANSON DRIVE

City

RIVER FALLS

State

WI

Zip Code

54022-1564

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20504

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**HAL HELWIG**

Mailing Address P.O. BOX 39

City

STONE LAKE

State

WI

Zip Code

54876-0039

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WI COUNTY MUTUAL INSURANCE

Occupation

OFFICER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : SA11.20452

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

375.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

MARCIA J. HESS

A.

Mailing Address 48615 S CLEARWATER ROAD

City

GORDON

State

WI

Zip Code

54838-8312

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11.20337

Amount of Each Receipt this Period

50.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

J STAN S. HOFFERT

B.

Mailing Address 3108 WARWICK DRIVE

City

SCHOFIELD

State

WI

Zip Code

54476-5683

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WAUSAU MEDMAL MANAGEMENT SERVICE:

Occupation

BUSINESS OWNER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

850.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20407

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WILLIAM HOTALING

C.

Mailing Address 125 QUASSAICK AVE.

City

NEW WINDSOR

State

NY

Zip Code

12553-6635

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20344

Amount of Each Receipt this Period

300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**WALTER JAEGER****A.**

Mailing Address 11034 N LINDEN ROAD

City

HAYWARD

State

WI

Zip Code

54843-4062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JOHNSON BANK

Occupation

BANKER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

**Transaction ID : SA11.20523**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**RUTH ANN ANN JAHNS****B.**

Mailing Address 1507 KENWOOD DRIVE

City

WAUSAU

State

WI

Zip Code

54401-4279

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

**Transaction ID : SA11.20274**

Amount of Each Receipt this Period

25.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ADAM JOHNSON****C.**

Mailing Address 3446 BINKLEY AVE

City

DALLAS

State

TX

Zip Code

75205-2230

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COMPASS PROFESSIONAL HEALTH SERVIC

Occupation

HEALTHCARE COO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

**Transaction ID : SA11.20307**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

525.00

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

DR JEFF JONES

A.

Mailing Address 5985 N SHORE DRIVE

City

EAU CLAIRE

State

WI

Zip Code

54703-2079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ORAL SURGERY ASSOCIATES

Occupation

ORAL SURGEON

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20467

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DR. ROBERT A. KAY

B.

Mailing Address M126 PENNY LANE

City

MARSHFIELD

State

WI

Zip Code

54449-8844

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

ORTHODONTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

Transaction ID : SA11.20228

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROGER KNAUF

C.

Mailing Address 2832 CHELSEA PLACE N

City

CLEARWATER

State

FL

Zip Code

33759-1405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASSOCIATION MANAGEMENT GROUP

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20530

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

BONNIE KRAFT

A.

Mailing Address 1016 HIGHLIGH PARK BLVD

City

WAUSAU

State

WI

Zip Code

54403-5086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : SA11.20454

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

DANIEL KRUSE

B.

Mailing Address 625 E MIFFLIN STREET

UNIT 202

City

MADISON

State

WI

Zip Code

53703-4657

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTURY 21

Occupation

REALTOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20528

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LAWRENCE KUTZ

C.

Mailing Address 610 RIVERSIDE DRIVE

City

HURLEY

State

WI

Zip Code

54534-1081

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AVANTI HEALTH SYSTEMS

Occupation

PRINCIPAL

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11.20303

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

850.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**DANIEL J. LAWLER**

Mailing Address 237 S MAIN ST

City

RICE LAKE

State

WI

Zip Code

54868-2231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

COLDWELL BANKER CRENZER REALTORS

Occupation

REALTOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20522

Amount of Each Receipt this Period

600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**HERBERT LEVIN**

Mailing Address 724 E GRINNELL DR.

City

BURBANK

State

CA

Zip Code

91501-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DEPARTMENT OF JUSTICE

Occupation

LAWYER OF THE STATE OF CALIFO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11.20319

Amount of Each Receipt this Period

66.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**HERBERT LEVIN**

Mailing Address 724 E GRINNELL DR.

City

BURBANK

State

CA

Zip Code

91501-1720

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DEPARTMENT OF JUSTICE

Occupation

LAWYER OF THE STATE OF CALIFO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : SA11.20327

Amount of Each Receipt this Period

64.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

730.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**ANDREW LODUHA**

Mailing Address 5505 MOHAWK ROAD

City

RHINELANDER

State

WI

Zip Code

54501-9349

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANDLIS, INC.

Occupation

PRINCIPAL

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SA11.20416

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ALLAN MANTEUFFEL**

Mailing Address 1440 CHAMPION FOREST COURT

City

WHEATON

State

IL

Zip Code

60187-1703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20409

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DAVID MASTERJOHN**

Mailing Address P.O. BOX 144

City

SPOONER

State

WI

Zip Code

54801-0144

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MASTERJOHN REALTY

Occupation

REALTOR

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20536

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1350.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**JAMES J. MCINTYRE**

Mailing Address 2101 EAGLE VALLEY LANE

City

WAUSAU

State

WI

Zip Code

54403-8157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GREENHECK FAN CORPORATION

Occupation

CEO

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20480

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ROBERT MERKEL**

Mailing Address 310 HAWTHORN AVENUE

City

MARSHFIELD

State

WI

Zip Code

54449-3249

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SA11.20268

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THOMAS J. MERKEL**

Mailing Address M210 RED HAWK LANE

City

MARSHFIELD

State

WI

Zip Code

54449-8803

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MERKEL COMPANY, INC.

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		29		2014

Transaction ID : SA11.20256

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**PAUL MEYER**

Mailing Address 511 E MONROVIA AVENUE

City

MILWAUKEE

State

WI

Zip Code

53217-4651

FEC ID number of contributing federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20390

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**KAREN MIHALKO**

Mailing Address M126 MANN STREET

City

MARSHFIELD

State

WI

Zip Code

54449-8804

FEC ID number of contributing federal political committee.

C

Name of Employer  
THE HEARING HOUSEOccupation  
HEARING INSTRUMENT SPECIALIST

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20365

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**THOMAS MUEHL**

Mailing Address S63W34297 PIPER ROAD

City

NORTH PRAIRIE

State

WI

Zip Code

53153-9403

FEC ID number of contributing federal political committee.

C

Name of Employer  
WAUKESHA WHOLESALE FOODSOccupation  
EXECUTIVE

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20495

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

650.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**ROBERT NEWVILLE**

Mailing Address 105 E POPLAR AVE

City

CAMERON

State

WI

Zip Code

54822-9707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHLAND TRANSMISSION

Occupation

SELF

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20537

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TODD NICKLAUS**

Mailing Address 7815 VOLKMAN STREET

City

ROTHSCHILD

State

WI

Zip Code

54474-1261

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RIVER VALLEY STATE BANK

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Transaction ID : SA11.20243

Amount of Each Receipt this Period

500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**MICHAEL O'MEARA**

Mailing Address 7719 N KIDDS ROAD

City

HAYWARD

State

WI

Zip Code

54843-2141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PEOPLES BANK OF WISCONSIN

Occupation

CHAIRMAN

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20355

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1250.00



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

A. Full Name (Last, First, Middle Initial)  
**CHRISTOPHER R. OWEN**

Mailing Address **4294 E ULLAN ROAD**

City State Zip Code  
**SUPERIOR WI 54880-8078**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**RETIRED**Occupation  
**RETIRED**

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**2050.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

**Transaction ID : SA11.20472**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**LARRY R. PETERSON**

Mailing Address **142 ROLPHS POINT DRIVE**

City State Zip Code  
**SHELL LAKE WI 54871-8751**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**ANDERSON, HAGER & MOE**Occupation  
**CPA**

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

**Transaction ID : SA11.20086**

Amount of Each Receipt this Period

**250.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**PAMELA PETRY**

Mailing Address **1846 E MOON LAKE LANE**

City State Zip Code  
**RICE LAKE WI 54868-**

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**HOMEMAKER**Occupation  
**HOMEMAKER**

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

**Transaction ID : SA11.20532**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....**1750.00**

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**JAMES D. POULSEN****A.**

Mailing Address 333 LAKE AVENUE, APT 306

APT. 306

City

RACINE

State

WI

Zip Code

53403-1086

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

**Transaction ID : SA11.20488**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FREDERICK PREHN****B.**

Mailing Address 1105 HIGHLAND PARK BOULEVARD

City

WAUSAU

State

WI

Zip Code

54403-5072

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PREHN DENTAL OFFICE

Occupation

DENTIST

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

**Transaction ID : SA11.20311**

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DOLORES REMMICK****C.**

Mailing Address 7700 S 51ST STREET

APT. 212

City

FRANKLIN

State

WI

Zip Code

53132-9079

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

263.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

**Transaction ID : SA11.20515**

Amount of Each Receipt this Period

113.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

1313.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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 NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**ARTHUR RIKLIN**

Mailing Address 122 LABURNUM

City

SAN ANTONIO

State

TX

Zip Code

78209-2122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SA11.20306

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PATRICK RIORDAN**

Mailing Address E601 BORLEY LANE

City

LUXEMBURG

State

WI

Zip Code

54217-9668

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NORTHEAST TELEPHONE COMPANY

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SA11.20330

Amount of Each Receipt this Period

315.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**ROBERT RIORDAN**

Mailing Address 2957 S TELEMAR CIRCLE

City

GREEN BAY

State

WI

Zip Code

54313-4351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N-SIGHT

Occupation

EXECUTIVE VP

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SA11.20329

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1065.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**Full Name (Last, First, Middle Initial)  
**A. MICHAEL SCHAFER**Mailing Address **N6260 LITTLE VALLEY ROAD**

City	State	Zip Code
<b>SPOONER</b>	<b>WI</b>	<b>54801-8809</b>

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**SPOONER HEALTH SYSTEM**Occupation  
**CEO**

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

**Transaction ID : SA11.20470**

Amount of Each Receipt this Period

200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. WILL SCHLINSOG**Mailing Address **106 S CHESTNUT AVE**

City	State	Zip Code
<b>MARSHFIELD</b>	<b>WI</b>	<b>54449-2741</b>

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**SELF-EMPLOYED**Occupation  
**CHIROPRACTOR**

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

**Transaction ID : SA11.20386**

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. JAMES SCHLOEMER**Mailing Address **W134N8675 EXECUTIVE PKWY**

City	State	Zip Code
<b>MENOMONEE FALLS</b>	<b>WI</b>	<b>53051-3310</b>

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
**CONTINENTAL PROPERTIES COMPANY, INC**Occupation  
**REAL ESTATE EXECUTIVE**

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

**Transaction ID : SA11.20461**

Amount of Each Receipt this Period

500.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

950.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**TOM SCHROEDER**

Mailing Address 1870 HINES LAKEVIEW DRIVE

City

CUMBERLAND

State

WI

Zip Code

54829-9124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIEMENSOccupation  
CONSULTANT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : SA11.20444

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**JOHN D. SODERBERG**

Mailing Address

City

NEW RICHMOND

State

WI

Zip Code

54017-

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FIRST NATIONAL BANKOccupation  
CHAIRMAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : SA11.20451

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**GLYNNE STAFSLIEN**

Mailing Address 1016 RUTLEDGE COURT

City

JANESVILLE

State

WI

Zip Code

53545-1345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2014

Transaction ID : SA11.20441

Amount of Each Receipt this Period

75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

575.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**Full Name (Last, First, Middle Initial)  
**RITA STILIN**

A. Mailing Address 72303 PUFAL ROAD

City	State	Zip Code
HIGHBRIDGE	WI	54846-6446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

Transaction ID : SA11.20092

Amount of Each Receipt this Period

1600.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**EUNICE TOLLANDER**

B. Mailing Address 7575 HICKORY STREET W

City	State	Zip Code
WEBSTER	WI	54893-8018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		17		2014

Transaction ID : SA11.20449

Amount of Each Receipt this Period

100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**KEVIN UHLENBRAUCK**

C. Mailing Address 214 N MAIN STREET

City	State	Zip Code
BLACK CREEK	WI	54106-9432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOTAL MERCHANT SERVICESOccupation  
OWNER

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20540

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2200.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

GINA VECCHIARELLI

Mailing Address 1830 W 38TH AVENUE

City

DENVER

State

CO

Zip Code

80211-2225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEPRINO FOODS

Occupation

DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		2014

Transaction ID : SA11.20078

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

GREGORY WCISEL

Mailing Address 4180 DEER TAIL LANE

City

WAUSAU

State

WI

Zip Code

54401-7761

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ASPIRUS

Occupation

PHYSICIAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20385

Amount of Each Receipt this Period

250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

CRAIG ZADRA

Mailing Address 2219 LAKESHORE DR

City

RICE LAKE

State

WI

Zip Code

54868-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SHARED MEDICAL TECHNOLOGY

Occupation

CEO

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20534

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

X	11a		11b		11c		11d		
	12		13a		13b		14		15

NAME OF COMMITTEE (In Full)  
Duffy for Congress

RON ZAHRT

Date of Receipt

M M / D D / Y Y Y Y  
10 16 2014

Transaction ID : SA11.20526

City	State	Zip Code
WAUSAU	WI	54403-8131

FEC ID number of contributing federal political committee.

C

Name of Employer  
FIRST WEBER RELATORS

Occupation  
REALTOR

Receipt For: 2014

<input type="checkbox"/>	Primary	<input checked="" type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Election Cycle-to-Date

250.00

Amount of Each Receipt this Period

250.00

CONTRIBUTION

**B.**

Date of Receipt

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For: ☐ Primary ☐ General  
☐ Other (specify) \_\_\_\_\_

Election Cycle-to-Date

Amount of Each Receipt this Period

**C.**

Date of Receipt

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

Election Cycle-to-Date

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only) .....

250.00

39833.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

A. Full Name (Last, First, Middle Initial)  
**HUIZENGA FOR CONGRESS**

Mailing Address **441 WILLIAMS COURT**

City <b>ZEELAND</b>	State <b>MI</b>	Zip Code <b>49464-1509</b>
------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C** **C00459297**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1000.00**

Date of Receipt

**10 / 29 / 2014**

Transaction ID : **SA11.20296**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)  
**ACTION COMMITTEE FOR RURAL ELECTRIFICATION PAC**

Mailing Address **4301 WILSON BOULEVARD**

City <b>ARLINGTON</b>	State <b>VA</b>	Zip Code <b>22203-1867</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C** **C00002972**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**7500.00**

Date of Receipt

**11 / 04 / 2014**

Transaction ID : **SA11.20240**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)  
**ALLIANZ OF AMERICA CORPORATION/FIREMAN'S FUND PAC**

Mailing Address **1101 CONNECTICUT AVENUE NW  
SUITE 950**

City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036-4377</b>
---------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee.

**C** **C00095109**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**1700.00**

Date of Receipt

**10 / 16 / 2014**

Transaction ID : **SA11.20546**

Amount of Each Receipt this Period

**700.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**2700.00**

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

AMERICAN BEVERAGE LICENSEES PAC

Mailing Address 5105 RIVER ROAD

SUITE 108

City

BETHESDA

State

MD

Zip Code

20816-1508

FEC ID number of contributing  
federal political committee.

C C00302703

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		29		2014

Transaction ID : SA11.20293

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVENUE NW

City

WASHINGTON

State

DC

Zip Code

20036-3902

FEC ID number of contributing  
federal political committee.

C C00004275

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

10000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20481

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF ENGINEERING COMPANIES PAC

Mailing Address 1015 15TH STREET NW

City

WASHINGTON

State

DC

Zip Code

20005-2605

FEC ID number of contributing  
federal political committee.

C C00010868

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		28		2014

Transaction ID : SA11.20312

Amount of Each Receipt this Period

4000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

6500.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**CHICAGO BOARD OPTIONS EXCHANGE PAC**

Mailing Address 400 S. LASALLE STREET

City	State	Zip Code
CHICAGO	IL	60605-1023

FEC ID number of contributing federal political committee.

**C** C00100693

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

8000.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 16 / 2014

Transaction ID : SA11.20483

Amount of Each Receipt this Period

3500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**COMCAST CORPORATION & NBC UNIVERSAL PAC**

Mailing Address ONE COMCAST CENTER  
1701 JFK BOULEVARD

City	State	Zip Code
PHILADELPHIA	PA	19103-2838

FEC ID number of contributing federal political committee.

**C** C00248716

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 11 / 04 / 2014

Transaction ID : SA11.20238

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DENTONS US LLP PAC**

Mailing Address 233 S WACKER DR  
SUITE 7800

City	State	Zip Code
CHICAGO	IL	60606-6459

FEC ID number of contributing federal political committee.

**C** C00216127

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 28 / 2014

Transaction ID : SA11.20313

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

FIDELITY NATIONAL FINANCIAL INC PAC 2001

Mailing Address 601 RIVERSIDE AVE

City

JACKSONVILLE

State

FL

Zip Code

32204-2901

FEC ID number of contributing  
federal political committee.

C C00364455

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20542

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HARWOOD FEDERATION PAC INC

Mailing Address 1101 K STREET NW

STE 700

City

WASHINGTON

State

DC

Zip Code

20005-4210

FEC ID number of contributing  
federal political committee.

C C00396671

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2014

Transaction ID : SA11.20235

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

INDEPENDENT COMMUNITY BANKERS PAC

Mailing Address 1615 L STREET NW

SUITE 900

City

WASHINGTON

State

DC

Zip Code

20036-5623

FEC ID number of contributing  
federal political committee.

C C00032698

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

8000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2014

Transaction ID : SA11.20234

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

5500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

LIUNA PAC

Mailing Address 905 16TH STREET NW

City

WASHINGTON

State

DC

Zip Code

20006-1703

FEC ID number of contributing  
federal political committee.

C C00007922

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20380

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LOCKE LORD BISSELL &amp; LIDDELL LLP PAC

Mailing Address 600 TRAVIS STREET

STE 2800

City

HOUSTON

State

TX

Zip Code

77002-2914

FEC ID number of contributing  
federal political committee.

C C00117861

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20375

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

LOCKE LORD BISSELL &amp; LIDDELL LLP PAC

Mailing Address 600 TRAVIS STREET

STE 2800

City

HOUSTON

State

TX

Zip Code

77002-2914

FEC ID number of contributing  
federal political committee.

C C00117861

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20379

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

MCDONALDS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 2111 MCDONALDS DRIVE

DEPT. 213

City

OAK BROOK

State

IL

Zip Code

60523-5500

FEC ID number of contributing  
federal political committee.

C C00063164

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2014

Transaction ID : SA11.20237

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

MICROSOFT CORPORATION PAC

Mailing Address 16011 NE 36TH WAY

City

REDMOND

State

WA

Zip Code

98052-6301

FEC ID number of contributing  
federal political committee.

C C00227546

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2014

Transaction ID : SA11.20236

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATIONAL BEER WHOLESALERS ASSOCIATION PAC

Mailing Address 1101 KING STREET

SUITE 600

City

ALEXANDRIA

State

VA

Zip Code

22314-2965

FEC ID number of contributing  
federal political committee.

C C00144766

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

6000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2014

Transaction ID : SA11.20382

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

4000.00

TOTAL This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**NATIONAL INDUSTRIAL SAND ASSOC PAC**

Mailing Address 2011 PENNSYLVANIA AVENUE NW  
 STE 301

City	State	Zip Code
WASHINGTON	DC	20006-

FEC ID number of contributing  
federal political committee.

**C** C00502799

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20381

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**NATIONAL MULTI HOUSING COUNCIL PAC**

Mailing Address 1850 M STREET NW  
 SUITE 540

City	State	Zip Code
WASHINGTON	DC	20036-5816

FEC ID number of contributing  
federal political committee.

**C** C00130773

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

6500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Transaction ID : SA11.20247

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**PLUM CREEK PAC**

Mailing Address 999 3RD AVENUE  
 SUITE 4300

City	State	Zip Code
SEATTLE	WA	98104-4096

FEC ID number of contributing  
federal political committee.

**C** C00255224

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20544

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

POLARIS INDUSTRIES PAC

Mailing Address 2100 HIGHWAY 55

City

MEDINA

State

MN

Zip Code

55340-9770

FEC ID number of contributing  
federal political committee.

C C00279497

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

6500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Transaction ID : SA11.20376

Amount of Each Receipt this Period

1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

REALTORS PAC

Mailing Address 430 N MICHIGAN AVENUE

City

CHICAGO

State

IL

Zip Code

60611-4011

FEC ID number of contributing  
federal political committee.

C C00030718

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20543

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)

THE OPTIONS CLEARING CORP PAC

Mailing Address 1 NORTH WACKER DRIVE  
STE 500

City

CHICAGO

State

IL

Zip Code

60606-2818

FEC ID number of contributing  
federal political committee.

C C00255877

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Transaction ID : SA11.20482

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....

4500.00

TOTAL This Period (last page this line number only).....



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**TITLE INDUSTRY PAC**

Mailing Address **1828 L STREET NW**  
**SUITE 705**

City State Zip Code  
**WASHINGTON DC 20036-5107**

FEC ID number of contributing  
federal political committee.

**C** **C00012914**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**4000.00**

Date of Receipt

**10 / 16 / 2014**

**Transaction ID : SA11.20545**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**TRANS UNION CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address **555 W ADAMS STREET**

City State Zip Code  
**CHICAGO IL 60661-3719**

FEC ID number of contributing  
federal political committee.

**C** **C00313700**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**5000.00**

Date of Receipt

**10 / 16 / 2014**

**Transaction ID : SA11.20484**

Amount of Each Receipt this Period

**3000.00**

CONTRIBUTION

Full Name (Last, First, Middle Initial)

**WALGREEN CO PAC**

Mailing Address **104 WILMOT ROAD**  
**STOP 1447**

City State Zip Code  
**DEERFIELD IL 60015-5121**

FEC ID number of contributing  
federal political committee.

**C** **C00160770**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**4000.00**

Date of Receipt

**11 / 04 / 2014**

**Transaction ID : SA11.20239**

Amount of Each Receipt this Period

**2000.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**6000.00**

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**WALGREEN CO PAC**

Mailing Address 104 WILMOT ROAD  
 STOP 1447

City DEERFIELD State IL Zip Code 60015-5121

FEC ID number of contributing federal political committee. **C** C00160770

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 4000.00

Date of Receipt

M M / D D / Y Y Y Y  
 11 / 04 / 2014

Transaction ID : SA11.20241

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**B.** Full Name (Last, First, Middle Initial)  
**XCEL ENERGY EMPLOYEE PAC**

Mailing Address 1800 LARIMER STREET  
 SUITE 1600

City DENVER State CO Zip Code 80202-1408

FEC ID number of contributing federal political committee. **C** C00107771

Name of Employer Occupation

Receipt For: 2014  
☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date  
 6000.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 16 / 2014

Transaction ID : SA11.20547

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

2000.00

45700.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

MIDWEST VICTORY FUND

Mailing Address 2470 DANIELLS BRIDGE ROAD

SUITE 121

City

ATHENS

State

GA

Zip Code

30606-6191

FEC ID number of contributing  
federal political committee.

C C00569004

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

17224.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11		24		2014

Transaction ID : SA12.20065

Amount of Each Receipt this Period

17224.07

CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name (Last, First, Middle Initial)

NORMAN R. BOBINS

Mailing Address 209 E LAKE SHORE DRIVE, #10E

City

CHICAGO

State

IL

Zip Code

60611-1307

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SA12.47685

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

PATRICK M. BRADY

Mailing Address 4N752 WARE WOOD DRIVE

City

SAINT CHARLES

State

IL

Zip Code

60175-5199

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

DELOITTE &amp; TOUCHE

ACCOUNTANT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Transaction ID : SA12.47683

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

17224.07

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**JAMES J. BUTERA**

Mailing Address 499 S CAPITOL STREET SW, #600

City  
 WASHINGTON

State Zip Code  
 DC 20003-4037

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 BUTERA & ANDREWS

Occupation  
 ATTORNEY

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 22 2014

Transaction ID : SA12.47678

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**ERIC H. CHERN**

Mailing Address 3824 SUNSET LANE

City  
 NORTHBROOK

State Zip Code  
 IL 60062-1805

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 CHICAGO TRADING CO

Occupation  
 Chief Executive Officer

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 22 2014

Transaction ID : SA12.47677

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**DAVID M. FELDHAUS**

Mailing Address 5750 WALNUT AVENUE, #1C

City  
 DOWNERS GROVE

State Zip Code  
 IL 60516-6003

FEC ID number of contributing  
 federal political committee.

C

Name of Employer  
 FEDERAL HOMES LOAN BANK OF CHICAGO

Occupation  
 ATTORNEY

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 22 2014

Transaction ID : SA12.47680

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

0.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 93

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**Full Name (Last, First, Middle Initial)  
**A. MATTHEW FELDMAN**

Mailing Address 522 CHURCH STREET, APT 5A

City	State	Zip Code
EVANSTON	IL	60201-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED PER BEST EFFOccupation  
INFORMATION REQUESTED PER BEST EFF

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA12.47673

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**B. PETER J. HALEAS**

Mailing Address 419 S OAK STREET

City	State	Zip Code
HINSDALE	IL	60521-4629

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BRIDGEVIEW BANKOccupation  
CHAIRMAN

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA12.47684

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)  
**C. PETER H. HUIZENGA**

Mailing Address 2215 YORK ROAD, STE 500

City	State	Zip Code
OAK BROOK	IL	60523-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUIZENGA CAPITAL MANAGEMENTOccupation  
PRESIDENT

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA12.47672

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

ROGER LUNDSTROM

Mailing Address 833 N HADDOW AVENUE

City

ARLINGTON HEIGHTS

State

IL

Zip Code

60004-5651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CENTURY TOOL &amp; MANUFACTURING

Occupation

CFO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA12.47676

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

PHILIP M. NUSSBAUM

Mailing Address 337 E PRAIRIE

City

WHEATON

State

IL

Zip Code

60187-3818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PERFORMANCE TRUST

Occupation

EXECUTIVE

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2014

Transaction ID : SA12.47671

Amount of Each Receipt this Period

2600.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

RICHARD W. PORTER

Mailing Address 875 BRYANT AVENUE

City

WINNETKA

State

IL

Zip Code

60093-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KIRKLAND &amp; ELLIS, LLP

Occupation

ATTORNEY

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA12.47679

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**STEPHEN THOMAS**

Mailing Address 4031 W PATTERSON AVENUE

City

CHICAGO

State

IL

Zip Code

60641-3042

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFFC

Occupation

SENIOR VP

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA12.47675

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**THOMAS E. WELLS IV**

Mailing Address 1015 WOODBINE

City

LAKE FOREST

State

IL

Zip Code

60045-2242

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FIRST AMERICAN BANK CORP

Occupation

CEO

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA12.47674

Amount of Each Receipt this Period

1300.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**DONALD R. WILSON**

Mailing Address 540 W MADISON STREET, STE 2500

City

CHICAGO

State

IL

Zip Code

60661-2555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DRW TRADING GROUP

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA12.47681

Amount of Each Receipt this Period

500.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
---	-------------------------------------	-------------------------------------	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**DONALD R. WILSON**

Mailing Address 540 W MADISON STREET, STE 2500

City

CHICAGO

State

IL

Zip Code

60661-2555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DRW TRADING GROUP

Occupation

PRESIDENT

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA12.47682

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**ALLSTATE INSURANCE COMPANY PAC**Mailing Address 2775 SANDERS ROAD  
SUITE A2W

City

NORTHBROOK

State

IL

Zip Code

60062-6110

FEC ID number of contributing  
federal political committee.

C C00040253

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

2300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA12.47724

Amount of Each Receipt this Period

1300.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**BMO HARRIS BANK NA GOVERNMENT AFFAIRS FUND**Mailing Address 111 W MONROE  
PO BOX 755

City

CHICAGO

State

IL

Zip Code

60603-4096

FEC ID number of contributing  
federal political committee.

C C00086256

Name of Employer

Occupation

Receipt For: 2014

☐ Primary  
☐ Other (specify)
☒ General

Election Cycle-to-Date

1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2014

Transaction ID : SA12.47691

Amount of Each Receipt this Period

1300.00

CONTRIBUTION

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 93

(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

A. Full Name (Last, First, Middle Initial)  
**FIRST MIDWEST BANCORP INC GOVERNMENT AFFAIRS FUND**

Mailing Address **ONE PIERCE PLACE**  
**STE 1500**

City State Zip Code  
**ITASCA IL 60143-1253**

FEC ID number of contributing  
federal political committee.

**C** **C00192906**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**2500.00**

Date of Receipt

**10 / 22 / 2014**

Transaction ID : **SA12.47688**

Amount of Each Receipt this Period

**2500.00**

CONTRIBUTION

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)  
**SENTRY INSURANCE PAC**

Mailing Address **10 EAST DOTY STREET**  
**STE 701**

City State Zip Code  
**MADISON WI 53703-3391**

FEC ID number of contributing  
federal political committee.

**C** **C00545194**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**6000.00**

Date of Receipt

**10 / 22 / 2014**

Transaction ID : **SA12.47687**

Amount of Each Receipt this Period

**1000.00**

CONTRIBUTION

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)  
**SOUTHWEST AIRLINES PILOTS' ASSOCIATION PAC**

Mailing Address **1450 EMPIRE CENTRAL DRIVE**  
**SUITE 737**

City State Zip Code  
**DALLAS TX 75247-4081**

FEC ID number of contributing  
federal political committee.

**C** **C00360669**

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**10 / 22 / 2014**

Transaction ID : **SA12.47692**

Amount of Each Receipt this Period

**500.00**

CONTRIBUTION

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional).....

**0.00**

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**TRANS UNION CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 555 W ADAMS STREET

City

CHICAGO

State

IL

Zip Code

60661-3719

FEC ID number of contributing federal political committee.

**C** C00313700

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General  
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 10 / 22 / 2014

Transaction ID : SA12.47689

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

0.00

17224.07

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 51 OF 93

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 ☒ 15

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NAME OF COMMITTEE (In Full)  
**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**RIVER VALLEY BANK**

Mailing Address 101 SCOTT STREET

City

WAUSAU

State

WI

Zip Code

54403-4814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

2993.16

Date of Receipt

M M / D D / Y Y Y Y  
10 31 2014

Transaction ID : SA15.21

Amount of Each Receipt this Period

186.77

BANK INTEREST

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

186.77

186.77

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**A. SEAN DUFFY**

Mailing Address P.O. BOX 538

City	State	Zip Code
WAUSAU	WI	54402-0538

Purpose of Disbursement  
MILEAGE REIMBURSEMENTCandidate Name  
**SEAN DUFFY**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: WI District: 07

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2014

Amount of Each Disbursement this Period

2496.83
---------

Transaction ID : SB17.I3602

**B. DOLD FOR CONGRESS**

Mailing Address 326 S MILWAUKEE AVE

City	State	Zip Code
LIBERTYVILLE	IL	60048-2819

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

1000.00
---------

Transaction ID : SB17.I5640

**C. GLENN GROTHMAN FOR CONGRESS**

Mailing Address PO BOX 1215

City	State	Zip Code
WAUSAU	WI	54402-1215

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

2500.00
---------

Transaction ID : SB17.I5615

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5996.83

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. SOUTHERLAND FOR CONGRESS**

Mailing Address PO BOX 1692

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

City	State	Zip Code
LYNN HAVEN	FL	32444-6492

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Category/  
Type

Transaction ID : SB17.I5635

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. MAGGIE CRONIN**

Mailing Address 223 GREENWOOD DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

City	State	Zip Code
ROTHSCHILD	WI	54474-1138

Amount of Each Disbursement this Period

179.20
--------

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Transaction ID : SB17.I3597

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. JORY DELOACH II**

Mailing Address 833 RIVER ST.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2014

City	State	Zip Code
SCHOFIELD	WI	54476-1804

Amount of Each Disbursement this Period

669.44
--------

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Category/  
Type

Transaction ID : SB17.I3884

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1848.64

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**A. JESSE GARZA**

Mailing Address 885 TROUT BROOK ROAD

City	State	Zip Code
HUDSON	WI	54016-7418

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 07 / 2014

Amount of Each Disbursement this Period

470.05
--------

Transaction ID : SB17.I3876

**B. MAGGIE MULVANEY**Mailing Address 940 S 25TH STREET  
APT 5

City	State	Zip Code
WAUSAU	WI	54403-8641

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 17 / 2014

Amount of Each Disbursement this Period

10000.00
----------

Transaction ID : SB17.I3605

**C. MAGGIE MULVANEY**Mailing Address 940 S 25TH STREET  
APT 5

City	State	Zip Code
WAUSAU	WI	54403-8641

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 17 / 2014

Amount of Each Disbursement this Period

471.10
--------

Transaction ID : SB17.I3822

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

10941.15

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. JACOB THOMFOHRDA**

Mailing Address 412 1/2 RIDER STREET

City	State	Zip Code
WAUSAU	WI	54403-6603

Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

329.00
--------

Transaction ID : SB17.I3596

**B. ADAM JARCHOW FOR ASSEMBLY**

Mailing Address 2071 GLACIER DR #3

City	State	Zip Code
SAINT CROIX FALLS	WI	54024-9250

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.I5627

**C. ARISTOTLE INTERNATIONAL, INC.**

Mailing Address 205 PENNSYLVANIA AVENUE SE

City	State	Zip Code
WASHINGTON	DC	20003-1164

Purpose of Disbursement  
DATABASE SOFTWARE

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

700.00
--------

Transaction ID : SB17.I5543

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1529.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. ASHBY LAW PLLC**

Mailing Address 919 PRINCE STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		19		2014

City	State	Zip Code
ALEXANDRIA	VA	22314-3008

Amount of Each Disbursement this Period

1200.00
---------

Purpose of Disbursement  
LEGAL SERVICESCategory/  
Type

Transaction ID : SB17.I4736

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. ASHTON KIRSCH FOR STATE ASSEMBLY**

Mailing Address PO BOX 611

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

City	State	Zip Code
BARABOO	WI	53913-0611

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
CONTRIBUTIONCategory/  
Type

Transaction ID : SB17.I5625

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. ASPECT CONSULTING LLC**Mailing Address 8401 EXCELSIOR DRIVE  
SUITE 103

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

City	State	Zip Code
MADISON	WI	53717-2908

Amount of Each Disbursement this Period

1549.00
---------

Purpose of Disbursement  
COMPLIANCE CONSULTINGCategory/  
Type

Transaction ID : SB17.I4361

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3249.00



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. BARKERS ISLAND HOTEL**

Mailing Address 300 MARINA DR

City	State	Zip Code
SUPERIOR	WI	54880-3287

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

233.91
--------

Transaction ID : SB17.I3713

[MEMO ITEM]

**B. BEST WESTERN HOTEL CHEQUAMEGON**

Mailing Address 101 LAKE SHORE DR W

City	State	Zip Code
ASHLAND	WI	54806-1646

Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		09		2014

Amount of Each Disbursement this Period

201.92
--------

Transaction ID : SB17.I4301

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH STREET

City	State	Zip Code
ALEXANDRIA	VA	22314-3109

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		18		2014

Amount of Each Disbursement this Period

672.91
--------

Transaction ID : SB17.I3957

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

874.83

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 58 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH STREET

City	State	Zip Code
ALEXANDRIA	VA	22314-3109

Purpose of Disbursement  
WEBSITE MAINTENANCE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

Amount of Each Disbursement this Period

1662.99
---------

Transaction ID : SB17.I4077

**B. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH STREET

City	State	Zip Code
ALEXANDRIA	VA	22314-3109

Purpose of Disbursement  
CREDIT CARD PROCESSING FEE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		07		2014

Amount of Each Disbursement this Period

481.97
--------

Transaction ID : SB17.I4758

**C. EDMING FOR ASSEMBLY**

Mailing Address PO BOX 237

City	State	Zip Code
GLEN FLORA	WI	54526-0237

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.I5622

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

2644.96



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF DAVID HEATON**

Mailing Address PO BOX 1191

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

City	State	Zip Code
WAUSAU	WI	54402-1191

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
CONTRIBUTIONCategory/  
Type

Transaction ID : SB17.I5610

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JERRY PETROWSKI**

Mailing Address 720 NORTH 136TH AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

City	State	Zip Code
MARATHON	WI	54448-9184

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
CONTRIBUTIONCategory/  
Type

Transaction ID : SB17.I5613

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TERRY MOULTON**

Mailing Address 2863 S PRAIRIE VIEW ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

City	State	Zip Code
CHIPPEWA FALLS	WI	54729-5022

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
CONTRIBUTIONCategory/  
Type

Transaction ID : SB17.I5633

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1500.00

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF KATHY BERNIER**

Mailing Address 4511 110TH STREET

City	State	Zip Code
CHIPPEWA FALLS	WI	54729-6647

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 21 / 2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.I5637

**B. HIGH VOLUME ENTERTAINMENT**

Mailing Address 1703 HEUSS AVE

City	State	Zip Code
SCHOFIELD	WI	54476-3847

Purpose of Disbursement  
EVENT PHOTOGRAPHY

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 09 / 2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.I4959

**C. INTEGRAM**

Mailing Address 22695 Commerce Center Ct #170

City	State	Zip Code
STERLING	VA	20166

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 22 / 2014

Amount of Each Disbursement this Period

6018.96
---------

Transaction ID : SB17.I3984

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7018.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. ISTREAM FINANCIAL SERVICES**

Mailing Address 13555 BISHOPS COURT, SUITE #102

City	State	Zip Code
BROOKFIELD	WI	53005-6224

Purpose of Disbursement  
CHECK PROCESSING FEE

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 04 / 2014

Amount of Each Disbursement this Period

102.05
--------

Transaction ID : SB17.I4217

**B. JEFFERSON STREET INN**

Mailing Address 201 JEFFERSON ST

City	State	Zip Code
WAUSAU	WI	54403

Purpose of Disbursement  
STAFF LODGING

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 17 / 2014

Amount of Each Disbursement this Period

1666.24
---------

Transaction ID : SB17.I4643

**C. JEFFERSON STREET INN--CITY GRILL**

Mailing Address 203 JEFFERSON STREET

City	State	Zip Code
WAUSAU	WI	54403

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
11 / 07 / 2014

Amount of Each Disbursement this Period

6688.28
---------

Transaction ID : SB17.I5293

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

8456.57

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. LOVING TRADITIONS CAKERY**

Mailing Address 5907 DECOY STREET

City	State	Zip Code
WESTON	WI	54476-6675

Purpose of Disbursement  
EVENT FOOD

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

Amount of Each Disbursement this Period

932.50
--------

Transaction ID : SB17.I5229

**B. MOXIE CREATIVE STUDIO**

Mailing Address 2300 LUPINE ROAD

City	State	Zip Code
WAUSAU	WI	54401

Purpose of Disbursement  
GRAPHIC DESIGN

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

237.50
--------

Transaction ID : SB17.I5534

**C. NANCY VANDERMEER FOR ASSEMBLY**

Mailing Address PO BOX 704

City	State	Zip Code
SPARTA	WI	54656-0704

Purpose of Disbursement  
CONTRIBUTION

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

Amount of Each Disbursement this Period

500.00
--------

Transaction ID : SB17.I5628

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

932.50

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S

City	State	Zip Code
ROCHESTER	NY	14625-2311

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

498.27
--------

Transaction ID : SB17.I4678

**B. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S

City	State	Zip Code
ROCHESTER	NY	14625-2311

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		16		2014

Amount of Each Disbursement this Period

498.29
--------

Transaction ID : SB17.I4754

**C. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S

City	State	Zip Code
ROCHESTER	NY	14625-2311

Purpose of Disbursement  
PAYROLL \*SEE ITEMIZATION\*

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

3672.16
---------

Transaction ID : SB17.I5277

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4668.72



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 65 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. JORY DELOACH II**

Mailing Address 833 RIVER ST.

City	State	Zip Code
SCHOFIELD	WI	54476-1804

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

Amount of Each Disbursement this Period

1460.92
---------

Transaction ID : SB17.I3871

[MEMO ITEM]

**B. MAGGIE MULVANEY**Mailing Address 940 S 25TH STREET  
APT 5

City	State	Zip Code
WAUSAU	WI	54403-8641

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

Amount of Each Disbursement this Period

1666.66
---------

Transaction ID : SB17.I3900

[MEMO ITEM]

**C. JACOB THOMFOHRDA**

Mailing Address 412 1/2 RIDER STREET

City	State	Zip Code
WAUSAU	WI	54403-6603

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

Amount of Each Disbursement this Period

544.58
--------

Transaction ID : SB17.I3835

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 66 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S

City	State	Zip Code
ROCHESTER	NY	14625-2311

Purpose of Disbursement  
PAYROLL PROCESSING FEES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		10		2014

Amount of Each Disbursement this Period

242.00
--------

Transaction ID : SB17.I5297

**B. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S

City	State	Zip Code
ROCHESTER	NY	14625-2311

Purpose of Disbursement  
PAYROLL TAX

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

Amount of Each Disbursement this Period

498.29
--------

Transaction ID : SB17.I5356

**C. PAYCHEX**

Mailing Address 911 PANORAMA TRAIL S

City	State	Zip Code
ROCHESTER	NY	14625-2311

Purpose of Disbursement  
PAYROLL \*SEE ITEMIZATION\*

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

Amount of Each Disbursement this Period

3672.14
---------

Transaction ID : SB17.I5418

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4412.43

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 67 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. JORY DELOACH II**

Mailing Address 833 RIVER ST.

City	State	Zip Code
SCHOFIELD	WI	54476-1804

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

Amount of Each Disbursement this Period

1460.91
---------

Transaction ID : SB17.I3641

[MEMO ITEM]

**B. MAGGIE MULVANEY**Mailing Address 940 S 25TH STREET  
APT 5

City	State	Zip Code
WAUSAU	WI	54403-8641

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

Amount of Each Disbursement this Period

1666.66
---------

Transaction ID : SB17.I3883

[MEMO ITEM]

**C. JACOB THOMFOHRDA**

Mailing Address 412 1/2 RIDER STREET

City	State	Zip Code
WAUSAU	WI	54403-6603

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		14		2014

Amount of Each Disbursement this Period

544.57
--------

Transaction ID : SB17.I3623

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. PERSUASION PARTNERS INC.**Mailing Address 106 E DOTY STREET  
#300

City MADISON State WI Zip Code 53703

Purpose of Disbursement  
MEDIA CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

5000.00
---------

Transaction ID : SB17.I4167

**B. PRESTO PRINTS**

Mailing Address 607 WASHINGTON STREET

City WAUSAU State WI Zip Code 54403-5440

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

138.92
--------

Transaction ID : SB17.I4023

**C. PRESTO PRINTS**

Mailing Address 607 WASHINGTON STREET

City WAUSAU State WI Zip Code 54403-5440

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

42.20
-------

Transaction ID : SB17.I4457

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

5181.12

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. PUBLIC OPINION STRATEGIES**

Mailing Address 214 N FAYETTE STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2014

City	State	Zip Code
ALEXANDRIA	VA	22314

Amount of Each Disbursement this Period

43250.00
----------

Purpose of Disbursement  
POLLINGCategory/  
Type

Transaction ID : SB17.I4228

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. QUINN FOR ASSEMBLY**

Mailing Address 15 W JOHN ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		21		2014

City	State	Zip Code
RICE LAKE	WI	54868-2904

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement  
CONTRIBUTIONCategory/  
Type

Transaction ID : SB17.I5597

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. REVIRESCO CONSULTING**

Mailing Address 1912 W WELLINGTON AVENUE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

City	State	Zip Code
CHICAGO	IL	60657-4030

Amount of Each Disbursement this Period

4086.00
---------

Purpose of Disbursement  
FUNDRAISING CONSULTINGCategory/  
Type

Transaction ID : SB17.I4488

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

47836.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. RIVER VALLEY BANK CARDMEMBER SERVICE**

Mailing Address PO BOX 790408

City	State	Zip Code
SAINT LOUIS	MO	63179-0408

Purpose of Disbursement  
CREDIT CARD PAYMENT \*SEE ITEMIZATION\*

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 17 / 2014

Amount of Each Disbursement this Period

5275.70
---------

Transaction ID : SB17.I4408

**B. 2510 RESTAURANT**

Mailing Address 2510 STEWART AVENUE

City	State	Zip Code
WAUSAU	WI	54401

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 09 / 2014

Amount of Each Disbursement this Period

149.48
--------

Transaction ID : SB17.I4293

[MEMO ITEM]

**C. AMAZON.COM**

Mailing Address 1516 2ND AVENUE

City	State	Zip Code
SEATTLE	WA	98101-1543

Purpose of Disbursement  
BOOKS

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 07 / 2014

Amount of Each Disbursement this Period

1299.60
---------

Transaction ID : SB17.I4759

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

5275.70

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BOULEVARD

City	State	Zip Code
FORT WORTH	TX	76155

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

Amount of Each Disbursement this Period

650.16
--------

Transaction ID : SB17.I4795

[MEMO ITEM]

**B. BOINGO WIRELESS**Mailing Address 10960 WILSHIRE BOULEVARD  
SUITE 800

City	State	Zip Code
LOS ANGELES	CA	90024-3711

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

9.95
------

Transaction ID : SB17.I4902

[MEMO ITEM]

**C. CAPITOL HILL CLUB**

Mailing Address 300 FIRST STREET SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		06		2014

Amount of Each Disbursement this Period

30.77
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Transaction ID : SB17.I4165

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City	State	Zip Code
ATLANTA	GA	30354

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2014

Amount of Each Disbursement this Period

330.60
--------

Transaction ID : SB17.I4311

[MEMO ITEM]

**B. DUNKIN DONUTS**

Mailing Address 801 PENNSYLVANIA AVENUE SE

City	State	Zip Code
WASHINGTON	DC	20003-2167

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

38.64
-------

Transaction ID : SB17.I5248

[MEMO ITEM]

**C. FEDEX KINKO'S**

Mailing Address 942 S SHADY GROVE ROAD

City	State	Zip Code
MEMPHIS	TN	38120

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

Amount of Each Disbursement this Period

52.43
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Transaction ID : SB17.I5468

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. GOGOAIR.COM**

Mailing Address 1250 N ARLINGTON HEIGHTS RD

City	State	Zip Code
ITASCA	IL	60143-1286

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 09 / 2014

Amount of Each Disbursement this Period

49.95
-------

Transaction ID : SB17.I4320

[MEMO ITEM]

**B. NEW CITY GRILL**

Mailing Address 203 JEFFERSON STREET

City	State	Zip Code
WAUSAU	WI	54403-5428

Purpose of Disbursement  
MEALS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 08 / 2014

Amount of Each Disbursement this Period

90.69
-------

Transaction ID : SB17.I5295

[MEMO ITEM]

**C. OFFICE MAX**

Mailing Address 3908 RIB MOUNTAIN DR

City	State	Zip Code
WAUSAU	WI	54401

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 10 / 2014

Amount of Each Disbursement this Period

47.46
-------

Transaction ID : SB17.I4960

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. PICK N SAVE**

Mailing Address 205 CENTRAL BRIDGE STREET

City	State	Zip Code
WAUSAU	WI	54401-2947

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2014

Amount of Each Disbursement this Period

29.10
-------

Transaction ID : SB17.I4144

[MEMO ITEM]

**B. SUBWAY**

Mailing Address 901 LAKE SHORE DRIVE W

City	State	Zip Code
ASHLAND	WI	54806-1358

Purpose of Disbursement  
VOLUNTEER MEALS

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2014

Amount of Each Disbursement this Period

152.98
--------

Transaction ID : SB17.I4690

[MEMO ITEM]

**C. SWEETS ON 3RD**

Mailing Address 615 3RD STREET

City	State	Zip Code
WAUSAU	WI	54403-4832

Purpose of Disbursement  
EVENT FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		10		2014

Amount of Each Disbursement this Period

94.13
-------

Transaction ID : SB17.I5252

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. TARGET**

Mailing Address 2727 SCHOFIELD AVE

City	State	Zip Code
SCHOFIELD	WI	54476-2430

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

6.32
------

Transaction ID : SB17.I4117

[MEMO ITEM]

**B. UNITED AIRLINES**

Mailing Address 233 S WACKER DRIVE

City	State	Zip Code
CHICAGO	IL	60606

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

458.20
--------

Transaction ID : SB17.I4394

[MEMO ITEM]

**c. USPS**

Mailing Address 2100 N MOUNTAIN RD

City	State	Zip Code
WAUSAU	WI	54401-8119

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		09		2014

Amount of Each Disbursement this Period

8.93
------

Transaction ID : SB17.I4091

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 2100 N MOUNTAIN RD

City	State	Zip Code
WAUSAU	WI	54401-8119

Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		08		2014

Amount of Each Disbursement this Period

11.50
-------

Transaction ID : SB17.I4865

[MEMO ITEM]

**B. VERIZON WIRELESS**

Mailing Address PO BOX 25505

City	State	Zip Code
LEHIGH VALLEY	PA	18002-5505

Purpose of Disbursement  
PHONE BILL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		15		2014

Amount of Each Disbursement this Period

188.15
--------

Transaction ID : SB17.I4733

[MEMO ITEM]

**C. WALL STREET JOURNAL**

Mailing Address 1211 AVENUE OF THE AMERICAS

City	State	Zip Code
NEW YORK	NY	10036

Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		07		2014

Amount of Each Disbursement this Period

41.81
-------

Transaction ID : SB17.I4641

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 4300 RIB MOUNTAIN DRIVE

City	State	Zip Code
WAUSAU	WI	54401

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2014

Amount of Each Disbursement this Period

10.42
-------

Transaction ID : SB17.I5086

[MEMO ITEM]

**B. RIVER VALLEY BANK CARDMEMBER SERVICE**

Mailing Address PO BOX 790408

City	State	Zip Code
SAINT LOUIS	MO	63179-0408

Purpose of Disbursement  
CREDIT CARD PAYMENT \*SEE ITEMIZATION\*

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		06		2014

Amount of Each Disbursement this Period

7721.16
---------

Transaction ID : SB17.I4850

**C. AMERICINN OF RICE LAKE**

Mailing Address 2906 PIONEER AVENUE

City	State	Zip Code
RICE LAKE	WI	54868

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

Amount of Each Disbursement this Period

1114.92
---------

Transaction ID : SB17.I4766

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

7721.16

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. ANGELO'S FAMILY PIZZERIA**

Mailing Address 1206 6TH STREET

City	State	Zip Code
WAUSAU	WI	54403-3550

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

189.07
--------

Transaction ID : SB17.I4821

[MEMO ITEM]

**B. DELTA AIRLINES**

Mailing Address 1030 DELTA BOULEVARD

City	State	Zip Code
ATLANTA	GA	30354

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		31		2014

Amount of Each Disbursement this Period

1304.80
---------

Transaction ID : SB17.I5333

[MEMO ITEM]

**C. DUNKIN DONUTS**

Mailing Address 801 PENNSYLVANIA AVENUE SE

City	State	Zip Code
WASHINGTON	DC	20003-2167

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

17.50
-------

Transaction ID : SB17.I4386

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. ENTERPRISE RENT-A-CAR**

Mailing Address 5507 W SPRUCE STREET

City	State	Zip Code
TAMPA	FL	33607-1433

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

Amount of Each Disbursement this Period

1413.75
---------

Transaction ID : SB17.I4557

[MEMO ITEM]

**B. HOLIDAY INN EXPRESS**Mailing Address 3 RAVINIA DRIVE  
STE 100

City	State	Zip Code
ATLANTA	GA	30346

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

642.44
--------

Transaction ID : SB17.I4471

[MEMO ITEM]

**C. LEHMAN'S SUPPER CLUB**

Mailing Address 2911 S MAIN STREET

City	State	Zip Code
RICE LAKE	WI	54868-2939

Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		04		2014

Amount of Each Disbursement this Period

857.38
--------

Transaction ID : SB17.I5038

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. RED EYE BREWERY**

Mailing Address 612 WASHINGTON STREET

City	State	Zip Code
WAUSAU	WI	54403-5439

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

215.22
--------

Transaction ID : SB17.I5264

[MEMO ITEM]

**B. TARGET**

Mailing Address 2727 SCHOFIELD AVE

City	State	Zip Code
SCHOFIELD	WI	54476-2430

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

36.41
-------

Transaction ID : SB17.I5408

[MEMO ITEM]

**C. TRIG'S**

Mailing Address 110 S 17TH AVENUE

City	State	Zip Code
WAUSAU	WI	54401-4227

Purpose of Disbursement  
FOOD

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

9.79
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Transaction ID : SB17.I4374

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 2100 N MOUNTAIN RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

City	State	Zip Code
WAUSAU	WI	54401-8119

Amount of Each Disbursement this Period

83.22
-------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.I5459

[MEMO ITEM]

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. WALMART**

Mailing Address 15594 WI-77

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

City	State	Zip Code
HAYWARD	WI	54843

Amount of Each Disbursement this Period

113.58
--------

Purpose of Disbursement  
OFFICE SUPPLIESCategory/  
Type

Transaction ID : SB17.I4328

[MEMO ITEM]

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. WALMART**

Mailing Address 15594 WI-77

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

City	State	Zip Code
HAYWARD	WI	54843

Amount of Each Disbursement this Period

150.68
--------

Purpose of Disbursement  
OFFICE SUPPLIESCategory/  
Type

Transaction ID : SB17.I4493

[MEMO ITEM]

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. WALMART**

Mailing Address 15594 WI-77

City	State	Zip Code
HAYWARD	WI	54843

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		29		2014

Amount of Each Disbursement this Period

29.35
-------

Transaction ID : SB17.I5328

[MEMO ITEM]

**B. RIVER VALLEY BANK**

Mailing Address 101 SCOTT STREET

City	State	Zip Code
WAUSAU	WI	54403-4814

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2014

Amount of Each Disbursement this Period

20.00
-------

Transaction ID : SB17.I5103

**C. RIVER VALLEY BANK CARDMEMBER SERVICE**

Mailing Address PO BOX 790408

City	State	Zip Code
SAINT LOUIS	MO	63179-0408

Purpose of Disbursement  
CREDIT CARD PAYMENT \*SEE ITEMIZATION\*

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		30		2014

Amount of Each Disbursement this Period

3962.72
---------

Transaction ID : SB17.I5576

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3982.72

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. AMAZON.COM**

Mailing Address 1516 2ND AVENUE

City	State	Zip Code
SEATTLE	WA	98101-1543

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 23 / 2014

Amount of Each Disbursement this Period

34.95
-------

Transaction ID : SB17.I5434

[MEMO ITEM]

**B. APPLE STORE, PENTAGON CITY**

Mailing Address 1100 S HAYES STREET

City	State	Zip Code
ARLINGTON	VA	22202-4907

Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 20 / 2014

Amount of Each Disbursement this Period

633.88
--------

Transaction ID : SB17.I4456

[MEMO ITEM]

**C. AT&T**

Mailing Address 4101 RIB MOUNTAIN DRIVE

City	State	Zip Code
WAUSAU	WI	54401-0647

Purpose of Disbursement  
PHONE BILL

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 27 / 2014

Amount of Each Disbursement this Period

173.38
--------

Transaction ID : SB17.I4685

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
------

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. BOINGO WIRELESS**Mailing Address 10960 WILSHIRE BOULEVARD  
SUITE 800

City LOS ANGELES State CA Zip Code 90024-3711

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
10	27	2014

Amount of Each Disbursement this Period

14.95
-------

Transaction ID : SB17.I5121

[MEMO ITEM]

**B. CAPITOL HILL CLUB**

Mailing Address 300 FIRST STREET SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
EVENT FOOD

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
10	20	2014

Amount of Each Disbursement this Period

288.81
--------

Transaction ID : SB17.I4884

[MEMO ITEM]

**C. FEDEX KINKO'S**

Mailing Address 942 S SHADY GROVE ROAD

City MEMPHIS State TN Zip Code 38120

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
10	20	2014

Amount of Each Disbursement this Period

33.46
-------

Transaction ID : SB17.I3739

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. FEDEX KINKO'S**

Mailing Address 942 S SHADY GROVE ROAD

City	State	Zip Code
MEMPHIS	TN	38120

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2014

Amount of Each Disbursement this Period

46.11
-------

Transaction ID : SB17.I5035

[MEMO ITEM]

**B. GOIN POSTAL**Mailing Address 607 S 24TH AVENUE  
SUITE 12

City	State	Zip Code
WAUSAU	WI	54401-5226

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

Amount of Each Disbursement this Period

11.67
-------

Transaction ID : SB17.I4646

[MEMO ITEM]

**C. GOIN POSTAL**Mailing Address 607 S 24TH AVENUE  
SUITE 12

City	State	Zip Code
WAUSAU	WI	54401-5226

Purpose of Disbursement  
SHIPPING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		24		2014

Amount of Each Disbursement this Period

20.93
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Transaction ID : SB17.I5431

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**A. HYATT REGENCY WASHINGTON**

Mailing Address 400 NEW JERSEY AVENUE NW

City	State	Zip Code
WASHINGTON	DC	20001-2002

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 20 / 2014

Amount of Each Disbursement this Period

365.82
--------

Transaction ID : SB17.I5475

**[MEMO ITEM]****B. NEW CITY GRILL**

Mailing Address 203 JEFFERSON STREET

City	State	Zip Code
WAUSAU	WI	54403-5428

Purpose of Disbursement  
EVENT FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 24 / 2014

Amount of Each Disbursement this Period

396.81
--------

Transaction ID : SB17.I5484

**[MEMO ITEM]****C. RED EYE BREWERY**

Mailing Address 612 WASHINGTON STREET

City	State	Zip Code
WAUSAU	WI	54403-5439

Purpose of Disbursement  
EVENT FOOD

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 23 / 2014

Amount of Each Disbursement this Period

119.17
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Transaction ID : SB17.I4729

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. RED EYE BREWERY**

Mailing Address 612 WASHINGTON STREET

City	State	Zip Code
WAUSAU	WI	54403-5439

Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2014

Amount of Each Disbursement this Period

61.17
-------

Transaction ID : SB17.I5560

[MEMO ITEM]

**B. RIVER VALLEY BANK**

Mailing Address 101 SCOTT STREET

City	State	Zip Code
WAUSAU	WI	54403-4814

Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2014

Amount of Each Disbursement this Period

15.00
-------

Transaction ID : SB17.I3726

[MEMO ITEM]

**C. STEAK PIT**

Mailing Address 125 HARBOR VIEW DRIVE

City	State	Zip Code
WASHBURN	WI	54891

Purpose of Disbursement  
EVENT FOOD

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2014

Amount of Each Disbursement this Period

255.30
--------

Transaction ID : SB17.I4467

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. SUBWAY**

Mailing Address 901 LAKE SHORE DRIVE W

City	State	Zip Code
ASHLAND	WI	54806-1358

Purpose of Disbursement  
VOLUNTEER MEALS

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 27 / 2014

Amount of Each Disbursement this Period

60.24
-------

Transaction ID : SB17.I5544

[MEMO ITEM]

**B. THE INN AT TIMBER COVE**

Mailing Address 1319 SANBORN AVENUE

City	State	Zip Code
ASHLAND	WI	54806

Purpose of Disbursement  
EVENT VENUE

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 28 / 2014

Amount of Each Disbursement this Period

250.00
--------

Transaction ID : SB17.I4867

[MEMO ITEM]

**C. UNITED AIRLINES**

Mailing Address 233 S WACKER DRIVE

City	State	Zip Code
CHICAGO	IL	60606

Purpose of Disbursement  
TRAVEL EXPENSE

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

Date of Disbursement

M M / D D / Y Y Y Y
10 / 23 / 2014

Amount of Each Disbursement this Period

312.60
--------

Transaction ID : SB17.I5396

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

0.00
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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Duffy for Congress**

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 2100 N MOUNTAIN RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2014

City	State	Zip Code
WAUSAU	WI	54401-8119

Amount of Each Disbursement this Period

105.99
--------

Purpose of Disbursement  
POSTAGECategory/  
Type

Transaction ID : SB17.I3686

**[MEMO ITEM]**

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**B. WALMART**

Mailing Address 15594 WI-77

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		20		2014

City	State	Zip Code
HAYWARD	WI	54843

Amount of Each Disbursement this Period

149.11
--------

Purpose of Disbursement  
OFFICE SUPPLIESCategory/  
Type

Transaction ID : SB17.I4197

**[MEMO ITEM]**

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

**C. SAM'S CLUB**

Mailing Address 4000 RIB MOUNTAIN DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

City	State	Zip Code
WAUSAU	WI	54401

Amount of Each Disbursement this Period

802.39
--------

Purpose of Disbursement  
EVENT FOODCategory/  
Type

Transaction ID : SB17.I4918

Candidate Name

Office Sought:	House	Disbursement For:
	Senate	
	President	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

802.39

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. SCM ASSOCIATES**Mailing Address 1283 MAIN STREET  
PO BOX 254

City DUBLIN State NH Zip Code 03444

Purpose of Disbursement  
DIRECT MAIL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

750.00
--------

Transaction ID : SB17.I4694

**B. SHANNA WOODBURY CONSULTING LLC**

Mailing Address PO BOX 120697

City SAINT PAUL State MN Zip Code 55112-0022

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2014

Amount of Each Disbursement this Period

10570.00
----------

Transaction ID : SB17.I5372

**C. STRATEGIC MEDIA PLACEMENT, INC**

Mailing Address 7669 STAGERS LOOP

City DELAWARE State OH Zip Code 43015

Purpose of Disbursement  
MEDIA CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		19		2014

Amount of Each Disbursement this Period

108700.00
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Transaction ID : SB17.I4416

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

120020.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. STRATEGIC MEDIA PLACEMENT, INC**

Mailing Address 7669 STAGERS LOOP

City	State	Zip Code
DELAWARE	OH	43015

Purpose of Disbursement  
MEDIA CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 04 / 2014

Amount of Each Disbursement this Period

112075.00
-----------

Transaction ID : SB17.I5465

**B. SUN PRINTING**

Mailing Address 1800 GRAND AVENUE

City	State	Zip Code
WAUSAU	WI	54403

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
11 / 03 / 2014

Amount of Each Disbursement this Period

1644.91
---------

Transaction ID : SB17.I4844

**C. THE STRATEGY GROUP FOR MEDIA**

Mailing Address 7669 STAGERS LOOP

City	State	Zip Code
DELAWARE	OH	43015-7010

Purpose of Disbursement  
MEDIA CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
10 / 17 / 2014

Amount of Each Disbursement this Period

27500.00
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Transaction ID : SB17.I3741

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

141219.91

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 93

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duffy for Congress

Full Name (Last, First, Middle Initial)

**A. THE STRATEGY GROUP FOR MEDIA**

Mailing Address 7669 STAGERS LOOP

City	State	Zip Code
DELAWARE	OH	43015-7010

Purpose of Disbursement  
MEDIA CONSULTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2014

Amount of Each Disbursement this Period

75608.05
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Transaction ID : SB17.I4513

**B. WEBKO**

Mailing Address 1405 THOMAS ST

City	State	Zip Code
WAUSAU	WI	54401

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		03		2014

Amount of Each Disbursement this Period

686.81
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Transaction ID : SB17.I4990

**C. WSAW- TV**

Mailing Address 1114 GRAND AVENUE

City	State	Zip Code
WAUSAU	WI	54403

Purpose of Disbursement  
INTERNET ADVERTISING

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		23		2014

Amount of Each Disbursement this Period

3500.00
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Transaction ID : SB17.I3677

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

79794.86

467233.45